

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155221		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/23/2011	
NAME OF PROVIDER OR SUPPLIER DAVIS GARDENS HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1120 EAST DAVIS DRIVE TERRE HAUTE, IN47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/23/11</p> <p>Facility Number: 000126 Provider Number: 155221 AIM Number: 100266400</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Davis Gardens Health Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This two story facility was determined to be of Type II (222)</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0069 SS=B	<p>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity for 78 and had a census of 68 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/29/11.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 range hood's fire extinguishing equipment was inspected and approved every 6 months by properly trained and qualified persons. NFPA 96, the Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-2.1 requires the inspection and servicing of the fire extinguishing</p>			K0069	<p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; At the time of Life safety inspection no documentation could be produced for the second hood inspection we have since acquired this documentation and no further residents will be affected as we are currently doing 2 hood inspections per year- how other residents having the potential to be affected by the same deficient practice will be identified and</p>		07/11/2011

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	<p>system and listed exhaust hoods containing a constant or fire actuated water system shall be made at least every 6 months by properly trained and qualified persons. Furthermore, NFPA 96 8-2.1.1 requires actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, fire-actuated dampers, etc., shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. This deficient practice could affect occupants of the kitchen with 4 staff and residents in areas near the kitchen.</p> <p>Findings include:</p> <p>Based on a review of the Range Hood Inspection records, the inspection for the commercial range fire suppression system with the maintenance supervisor on 06/23/11 at 10:40 a.m., the most recent inspection and service record for the commercial range hood fire equipment system was dated 04/29/11. The previous six month inspection was dated</p>				<p>what corrective action(s) will be taken; As stated above we are currently doing 2 inspections per year so no other residents will be affected - what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Documentation will be more closely monitored by Plant supervisor and Facility service director to insure this deficiency does not happen again - how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and Life safety code binder will be checked quarterly to insure all documentation is up to date Plant supervisor will be responsible for this - by what date the systemic changes will be completed.</p> <p>Changes will be made on 6/11/11</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	February 2010. The maintenance director said at the time of record review, there was no other record for the six month interval, he thought the tests were required annually. 3.1-19(b)						